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OSP-20773  
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**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole/joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

ON-VEHICLE COMPONENT FIXATION-RELEASE APPARATUS

, the specification of which

☐ is attached hereto

☒ was filed on 03/03/2005 as Application Serial No. PCT/JP2005/003582

and was amended on \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information which is known to me to be material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Application No.	Country	Day/Month/Year Filed	Priority Claimed?
<u>P 2004-063033</u>	<u>Japan</u>	<u>05/03/2004</u>	<input checked="" type="radio"/> Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
_____	_____	patented / pending / abandoned
_____	_____	patented / pending / abandoned

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USP-20773

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below:

U.S. Provisional Application No. \_\_\_\_\_ filed \_\_\_\_\_

U.S. Provisional Application No. \_\_\_\_\_ filed \_\_\_\_\_

I hereby declare that all statements made herein on my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY As a named inventor, I hereby appoint to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith the following attorneys: Joseph P. Carrier, Reg. No. 31,748, and William D. Blackman, Reg. 32,397.

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Inventor's signature: Katsuaki Taguchi Date August 24, 2006

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Citizenship: Japan

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Full name of second joint inventor: Yuta URUSHIYAMA

Inventor's signature: Yuta Urushiyama Date August 24, 2006

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Citizenship: Japan

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Full name of third joint inventor: Suguru YOSHIDA  
Inventor's signature: Suguru Yoshida Date August 24, 2006  
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Full name of fourth joint inventor: \_\_\_\_\_  
Inventor's signature: \_\_\_\_\_ Date \_\_\_\_\_  
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Citizenship: \_\_\_\_\_  
Post Office Address: \_\_\_\_\_

Full name of fifth joint inventor: \_\_\_\_\_  
Inventor's signature: \_\_\_\_\_ Date \_\_\_\_\_  
Residence: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
Post Office Address: \_\_\_\_\_

Full name of sixth joint inventor: \_\_\_\_\_  
Inventor's signature: \_\_\_\_\_ Date \_\_\_\_\_  
Residence: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
Post Office Address: \_\_\_\_\_